

MEMBERSHIP EXPIRATION

TODAY'S DATE



MEMBERSHIP & REGISTRATION

MONTHLY MEMBERSHIP SELECTED	<input type="checkbox"/> INDIVIDUAL \$9.99	<input type="checkbox"/> FAMILY \$19.99	<input type="checkbox"/> ULTIMATE \$29.99	<input type="checkbox"/> DAY PASS
ANNUAL MEMBERSHIP SELECTED	<input type="checkbox"/> INDIVIDUAL \$60.00	<input type="checkbox"/> FAMILY \$120.00	<input type="checkbox"/> ULTIMATE \$320.00	<input type="checkbox"/> YOUTH \$25.00

PRIMARY ADULT

Name: _____ Phone: _____
LAST FIRST

Address: _____
NO. STREET APT CITY STATE ZIP

Date of Birth: _____
MM/DD/YYYY MALE FEMALE

Email: _____ Employer: _____

MEMBERSHIP OR PROGRAM ENROLLMENT

Name: _____ Gender: _____ DOB: _____ School: _____ Grade: _____

Activity Enrollment: _____ Shirt Size: Youth or Adult
IF APPLICABLE PLEASE CIRCLE

Name: _____ Gender: _____ DOB: _____ School: _____ Grade: _____

Activity Enrollment: _____ Shirt Size: Youth or Adult
IF APPLICABLE PLEASE CIRCLE

Name: _____ Gender: _____ DOB: _____ School: _____ Grade: _____

Activity Enrollment: _____ Shirt Size: Youth or Adult
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Name: _____ Gender: _____ DOB: _____ School: _____ Grade: _____

Activity Enrollment: _____ Shirt Size: Youth or Adult
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Name: _____ Gender: _____ DOB: _____ School: _____ Grade: _____

Activity Enrollment: _____ Shirt Size: Youth or Adult
IF APPLICABLE PLEASE CIRCLE

EMERGENCY CONTACTS

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

VOLUNTEER OPPORTUNITIES

- Coaching: HEAD OR ASSISTANT
- Kid Care Volunteer Committees
- Event Volunteer Board of Directors

Head Coaches Name _____

KEEP ME UPDATED ABOUT

- Sports & Enrichment
- Adult Fitness
- Childcare
- Community & Center Updates

TERMS OF MEMBERSHIP

INITIAL I understand that members may be photographed for the possibility of being used for publicity and I give exclusive rights to these photos to The RAC and waive all claims for compensation for usage.

INITIAL I agree to release mine/my child's contact information to the Rogers Public Schools system as deemed necessary by the RAC.

INITIAL All memberships are non-transferable & non-refundable.

INITIAL You may cancel your membership anytime with a 30 day written notice. (There will be a \$20 cancellation fee if membership is under 12 months)

INITIAL You must be 14 years of age to access the adult fitness center and adult fitness classes. Track access can be granted with special permission by management.

AUTHORIZATION FOR AUTOMATIC PAYMENT

_____, am the account holder and hereby authorize The Rogers Activity Center to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, to credit and/or debit the same to such account. Any change or cancellation to this draft must be provided in writing 30 days in advance. Should my draft not be honored by my bank for any reason, I realize that I am still responsible for that payment and my membership or enrollment may be placed on hold until payment is received.

The amount will be drafted starting today from card ending in _____

First payment amount (paid today) _____
INCLUDING DONATION

Weekly payments of \$ _____ will draft each Friday starting ____/____/20____.
INCLUDING DONATION

Monthly payments of \$ _____ starting the month of _____, 20____.
INCLUDING DONATION

Date: _____ Signature: _____ Print: _____

NOTES

STAFF USE ONLY

ITEM	\$	ITEM	\$	TOTAL
ITEM	\$	ITEM	\$	PAYMENT INFORMATION
ITEM	\$	ITEM	\$	STAFF INITIALS